



A Union of Professionals
AFT +
Member Benefits

Designation of Beneficiary for Accidental Death and Dismemberment Policy

Underwritten by Federal Insurance Company, a member insurer of the Chubb Group of Insurance Companies

Member's Name _____ Last 4 of Social Security No.: XXXX-XX-_____

Email Address _____ Local Union No. _____

Policyholder American Federation of Teachers Policy No. 9908-80-61 & 9908-81-09

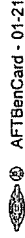
Name of Beneficiary _____

Address _____

City _____ State _____ Zip Code _____ Phone Number _____

This card, when completed, is to be retained by the local until coverage under the policy terminates with respect to the named member, unless sooner changed or revoked by the member.

Signature of Member _____ Date _____
(Required)



AFTBenCard - 01-21



ILLINOIS FEDERATION OF TEACHERS—AMERICAN FEDERATION OF TEACHERS/AFL-CIO

Membership Database Information

Name _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____ Work Phone _____

Email (non-employer) _____

Birth Date _____ Date of Hire _____ Last 4 Digits of SSN _____

Worksite _____ Job Title _____

Local Union Number _____ Local/Council Name _____

Membership Statement: I hereby apply for membership in the Union and agree to abide by its Constitution and Bylaws. I authorize the Union to act as my exclusive representative in collective bargaining over wages, hours, and other terms and conditions of employment with my Employer. I understand that if a majority of the employees in the bargaining unit sign authorization cards, these cards may be used to obtain recognition without an election. My membership in the Illinois Federation of Teachers (IFT) and my Local Union, including any other Local Union which is my exclusive bargaining representative and is affiliated with the IFT, shall be continuous unless I notify my Local President in writing that I intend to resign.

Signature _____ Date _____

Dues Authorization: During my employment, I hereby voluntarily authorize and direct my Employer to deduct from my pay each pay period, regardless of whether I am or remain a member of the Union, an amount equal to dues certified by the Union, and to remit such amount monthly to the Union. I understand that signing this card is not a condition of my employment.

Revocation Window: This voluntary authorization and assignment shall be irrevocable, regardless of whether I am or remain a member of the Union, for a period of one year from the date of authorization and shall automatically renew from year to year unless I revoke this authorization by sending written notice to the Union by the United States Postal Service postmarked between August 1 and August 31.

IRS Disclaimer: Payments to the Union are not deductible as charitable donations for federal income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses.

Telephone Consumer Protection Act Statement: By providing my cell phone number, I understand that the Union and its affiliates may use automated calling technologies and/or text message me on my cell phone on a periodic basis, and that I can unsubscribe from these messages. The Union will never charge for text message alerts; carrier message and data rates may apply to such texts.

Signature _____ Date _____

Internal Purposes Only: